

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc. | | FEC IDENTIFICATION NUMBER ▼ C C00564765 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | |

| | | | |
|--|--------------------|---|---|
| Full Name of Payee I360 | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 10 / 2014 | |
| Mailing Address PO BOX 37076 | | Amount 405384.00 | |
| City BALTIMORE | State MD | Zip Code 21297 | Transaction ID : SE24.50 |
| Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE/SATELLITE | | Category/Type | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 04 / 2014 |
| Name of Federal Candidate JONI K. ERNST | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA |
| Calendar Year-To-Date Per Election for Office Sought | | 710244.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ |

| | | | |
|---|-------|--|--|
| Full Name of Payee | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y | |
| Mailing Address | | Amount | |
| City | State | Zip Code | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y |
| Purpose of Expenditure | | Category/Type | |
| Name of Federal Candidate | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 405384.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | 405384.00 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Thomas F. Maxwell III

[Electronically Filed]

Date

 M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2014

Signature